

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097613000

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
1											
2						51					
3						52					
4						53					
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45						94					
46						95					
47						96					
48						97					
49						98					
50						99					
51						100					
52						TOTAL IND.					
53						TOTAL DEP.					
54						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS